

VISIT CLEARANCE

VISIT REQUEST:	Subject to local restrictions	, approval of the visit(s)	outlined below is hereby	y requested. Please reply only if negative.
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1. FROM: (complete address of requesting element,	2. ACTIVITY TO BE VISITED	3. IN REPLY REFER TO:
		4. DATE OF REQUEST
5. NAME AND ADDRESS OF CLEARANCE OFF	CE 6. II	NDIVIDUALS OR OFFICES TO BE CONTACTED
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(FOLD ON THIS LINE)		
7. DURATION (OF VISIT 8. L	EVEL OF ACCESS CLEARANCE NEEDED
A. FROM B.	то	
9. PURPOSE OF VISIT, REMARKS AND OTHER	PERTINENT DATA	

10. INITIATING OFFICE			11. SIGNATURE OF OFFICIAL AUTHORIZING VISIT	
12. LAST NAME-FIRST NAME-MI	13. U.S. CITIZEN	14. DATE/ PLACE OF BIRTH	15. SSN	16. SECURITY CLEARANCE DATA
	:			
17. NAME AND IDENTITY OF OFFICIAL CERTIFYING SECURITY CLEARANCE DATA			18. DATE	19. SIGNATURE
20. COPY TO:				